	U.S. Department of Housing and Urban	OMB No. 2577-0226 Expires 4/30/2011
Plan	Development Office of Public and Indian Housing	Expires 4/30/2011
	Office of 1 ablie and 2 days	J

1.0	PHA Information					
	PHA Name: <b>DeLand I</b>	Housing.	<u>Authority</u>			
	PHA Code: <b>FL072</b>			□ a. 1	. 1	
	PHA Type: Small	$\bowtie$	High Performing	Stand	lard	
	HCV (Section 8)					
	PHA Fiscal Year Beginning: (	(MM/YY	YY): <u>07/2012</u>			
,						
			07777	101		
2.0	Inventory (based on ACC un	its at time	e of FY beginning in	1.0 above)	Number of	FUCV
	Number of PH units:	90			Number of	Incv
	units: <u>749</u>					
3.0	Submission Type		Annual P	lan Only	· 🖂 5-Y	ear Plan
	5-Year and Annual Plan		Millian I	ian Omy	ш, т	Our ram
	Only					
4.0	DILA Companie		DHA Consortia	: (Check box if submi	itting a ioir	nt Plan
4.0	PHA Consortia	N/A	IIIA Consortia	(Check box ii baoiii	itting a jon	
	and complete table below.) -	TVA	Program(s)		No. of U	Jnits in
	Darticinating DUAS	PHA	Included in the	Programs Not in	Each Pr	
	Participating PHAs	Code	Consortia	the Consortia	PH	HCV
	PHA 1:	<del> </del>	Consortia			
1	PHA 1: PHA 2:	+	<u> </u>			
		<del>                                     </del>	*	```		
	PHA 3: 5-Year Plan. Complete items	5 1 and	5.2 only at 5-Vear P	Plan undate – N/A – /	Annual Pla	in
5.0	5-Year Plan. Complete Items	S J.1 allu	J.2 omy at 3-1 car 1	ian apaate. 1772 1		
5.1	Mission. State the PHA's M	ission for	r serving the needs o	f low-income, very lo	ow-income	, and
5.1	extremely low income famili	es in the	PHA's jurisdiction f	or the next five years	: - <b>N/A</b> - A	nnual
	Plan		TIME S JULIEUR STORE	•		
	Fian					
5.2	Goals and Objectives. Iden	tify the P	HA's quantifiable g	oals and objectives th	nat will ena	ble the
3.2	PHA to serve the needs of lo	w-income	e and very low-incor	me, and extremely love	w-income	lammes
	for the next five years. Inclu	de a repo	ort on the progress th	e PHA has made in n	neeting the	goals
	and objectives described in the	he previo	us 5-Year Plan. – $N$	/A – Annual Plan	-	
	and objectives described in a	F	•			•

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan **PHA Plan Update** 

Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures:

Changes made to Section 8 Admin Plan to include changes in Fair Housing policies

- Financial Resources: No revisions since DHA's prior plan submission.
- Rent Determination: No revisions since DHA's prior plan submission.
- Operation and Management: No revisions since DHA's prior plan submission.
- Grievance Procedures: No revisions since DHA's prior plan submission.
- Designated Housing for Elderly and Disabled Families: No revisions since DHA's prior plan submission.
- Community Service and Self Sufficiency: No revisions since DHA's prior plan submission.
- Safety and Crime Protection: No revisions since DHA's prior plan submission.
- (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.
  - Main administrative office of the PHA

7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition,
i	Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.
	Include statements related to these programs as applicable.
	(a) Hope VI – N/A
	Mixed Finance: Last year we were successful with our application to construct 120 Family
	Units for Tax Credits (Laurel Villas). These block building, with hurricane rated windows
	were constructed with Tax Credit money, Local SHIP money, American Recovery and
	Reinvestment Act Capital Funds (ARRA) money as well as the DHA Replacement Housing
	Factor monies. They are built and 100% Occupied.
	Funding in 2012, if available, will be used for a mini-high rise (Laurel Court) for 80 units
	of senior housing which will have replaced all of the 200 demolished units. The
	application has been submitted to the state with the City Contribution, and DHA
	Replacement Housing Factor monies being pledged.
	We are again building block buildings, no stick construction given our location, and
	hurricane rated windows. This is more expensive, but we have a better chance during the
	hurricane season and will receive better insurance rates.
	Demolition and Relocation: Completed.
	Conversion of Public Housing: N/A
	Homeownership Programs: N/A
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.
	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of
8.1	the PHA 5-Year and Annual Plan, annually complete and submit the Capital Fund Program
0.1	Annual Statement/Performance and Evaluation Report, form HUD-50075.1, for each current and
	open CFP grant and CFFP financing. – See Attachments A through F.
	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan,
8.2	PHAs must complete and submit the Capital Fund Program Five-Year Action Plan, form HUD-
8.2	50075.2. and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest
	year for a five year period). Large capital items must be included in the Five-Year Action Plan
	See Attachment G.
	Capital Fund Financing Program (CFFP). – N/A
8.3	Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement
	Housing Factor (RHF) to repay debt incurred to finance capital improvements.
	Housing Needs. Based on information provided by the applicable Consolidated Plan, information
	provided by HUD, and other generally available data, make a reasonable effort to identify the
9.0	housing needs of the low-income, very low-income, and extremely low-income families who
	reside in the jurisdiction served by the PHA, including elderly families, families with disabilities,
	and households of various races and ethnic groups, and other families who are on the public
	housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs
1	must address issues of affordability, supply, quality, accessibility, size of units, and location. —
	Not due at this time (High Performer - will be provided with the Annual Plan submitted with
	next 5-Year Plan as required.

Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming 9.1 year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. - Not due at this time (High Performer - will be provided with the Annual Plan submitted with next 5-Year Plan as required).

Additional Information. Describe the following, as well as any additional information HUD has requested. -

- Not due at this time (High Performer will be provided with the Annual Plan submitted with 10. 0 next 5-Year Plan as required).
  - (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5 - Year Plan.
  - (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Demolition has been completed, Phase I has been rebuilt (120 Units; 90 PH, 30 Prj.base), and Phase II is pending financing
- Required Submission for HUD Field Office Review. In addition to the PHA Plan template 11. (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.
  - (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights) - Sent separately.
  - (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only) - Sent separately.
  - (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only) - Sent separately.
  - (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only) Sent separately.
  - (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only) - N/A
  - (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA - None received Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. None Received
  - (g) Challenged Elements None.
  - (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)

Attachment C - FL29RO72501-10

Attachment D - FL29R072501-11 Attachment A - FL29RO72501-08 Attachment E - FL29R072501-12 Attachment B - FL29R072501-09

(i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)

Attachment G

(j) DHA VAWA Policy Included in 2009 Annual Agency Plan – Attachment H

U.S. Department of Housing and Urba relopment
Office of Public and hand Housing
OMB No. 2577-0226

Expires 8/31/2011

Part I:	Part I: Summary				
PHA Name: D AUTHORITY	PHA Name: DELAND HOUSING AUTHORITY  Grant Type and Number Capital Fund Program Grant No: FL29R072-501-08  Replacement Housing Factor Grant No: Date of CFFP:	L29R072-501-08 No:			FFY of Grant: 2008 FFY of Grant Approval: 2008
Type of Grant Original A	nnual Statement	×П	] Revised Annual Statement (revision no: □ Final Performance and Evaluation Report	vision no: )	
Line	Summary by Development Account	Total Esti	Total Estimated Cost		Total Actual Cost 1
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3				
ω	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	36,773.00		36,773.00	36,773.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	41,705.38		41,705.38	41,705.38
∞	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	289,258.62		289,258.62	289,258.62
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4		***************************************		

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

U.S. Department of Housing and Urban Levelopment Office of Public and Indian Housing OMB No. 2577-0226

Expires 08/31/2011

5/11/2012	Vectoria /		Date 4/11/12 Sanda a. Mr. Demale	Date
ector Date	Signature of Public Housing Director	Sig	Signature of Executive Director Linda A. McDonnell	Signa
			Amount of line 20 Related to Energy Conservation Measures	25
			Amount of line 20 Related to Security - Hard Costs	24
			Amount of line 20 Related to Security - Soft Costs	23
			Amount of line 20 Related to Section 504 Activities	22
			Amount of line 20 Related to LBP Activities	21
367,737.00 367,737.00	3	367,737.00	Amount of Annual Grant: (sum of lines 2 - 19)	20
			1502 Contingency (may not exceed 8% of line 20)	19
			9000 Collateralization or Debt Service paid Via System of Direct Payment	18ba
			1501 Collateralization or Debt Service paid by the PHA	18a
Obligated Expended	Revised <sup>2</sup>	Original		
Total Actual Cost 1	Total Estimated Cost	Total	Summary by Development Account	Line
K Final Performance and Evaluation Report	X Final Performs		Performance and Evaluation Report for Period Ending:	Pei
Revised Annual Statement (revision no:	Revised Annual	ncies	Original Annual Statement   Reserve for Disasters/Emergencies	or or
	1		Type of Grant	Type of
FFY of Grant:2008 FFY of Grant Approval: 2008	FFY of Grant:2008 FFY of Grant Appr		Part I: Summary  PHA Name: DELAND HOUSING AUTHORITY  Grant Type and Number Capital Fund Program Grant No: FL29R072-501-08 Replacement Housing Factor Grant No: Date of CFFP:	Part I: Su PHA Name: DELA HOUSING AUTHORIT

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.



To be completed for the Performance and Evaluation Report.

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

PHAs with under 250 units in management may use 100% of CFP Grants for operations.

U.S. Department of Housing and Urba. velopment
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 08/31/2011

		-							
Part II: Supporting Pages PHA Name: DELAND HOUSING AUTHORITY	OUSING AUTHORITY	Grant Ty Capital Fu CFFP (Yo Replacen	Grant Type and Number Capital Fund Program Grant No: FL29R072501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:	: FL29R072501	-08	Federal F	Federal FFY of Grant: 2008	08	
Development Number Name/PHA-Wide	General Description of Major Work Categories	Work	Development Account No.	Quantity	Total Estimated Cost	ed Cost	Total Actual Cost	)ost	Status of Work
					Ll	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
FL29 PHA WIDE	ADMINISTRATION		1410		36,773.00		36773.00	36,773.00	COMPLETED
	SUBTOTAL 1410 ACCT.			-	36,773.00		36,773.00	36,773.00	
FL29 PHA WIDE	FEES AND COSTS		1430		41,705.38		41,705.38	41,705.38	COMPLETED
	SUBTOTAL 1430 ACCOUNT				41,705.38		41,705.38	41,705.38	
adim vna oc ia	DWELLING STRUCTURES		1460		289.258.62		289.258.62	289,258.62	COMPLETED
					200 250 (2		200 250 62	29 25 62	
	SUBTOTAL 1460 ACCOUNT				207,230.02		200,200.02	100,000,000	
	GRAND TOTAL				367,737.00		367,737.00	367,737.00	
								-	

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

Jane									
Part II: Supporting rages PHA Name:		Grant Type Capital Fun CFFP (Yese Replacement	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	nt No:		Federal F	Federal FFY of Grant:		
Development Number Name/PHA-Wide	General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cost	ted Cost	Total Actual Cost	ost	Status of Work
Аспущез					Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
		2							

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Frogram PHA Name: DELAND HOUSING AUTHORITY	SING AUTHORITY	rinancing rrogram			Federal FFY of Grant: 2008
Development Number Name/PHA-Wide	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Funds (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates 1
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
FL072 PHA WIDE	1-31-2010	8-31-2011	8-31-2011	8-31-2011	

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

17	16	15	14	13	12	11	10	9	∞	7	6	5	4	U	2		Line	I ine	Type of Grant Original A	AUTHORITY	Part I: Summary
1499 Development Activities '	1495.1 Relocation Costs	1492 Moving to Work Demonstration	1485 Demolition	1475 Non-dwelling Equipment	1470 Non-dwelling Structures	1465.1 Dwelling Equipment—Nonexpendable	1460 Dwelling Structures	1450 Site Improvement	1440 Site Acquisition	1430 Fees and Costs	1415 Liquidated Damages	1411 Audit	1410 Administration (may not exceed 10% of line 21)	1408 Management Improvements	1406 Operations (may not exceed 20% of line 21) 3	Total non-CFP Funds	D state planes.	Summary by Development Account	pe of Grant Original Annual Statement Original Annual Statement Derformance and Evaluation Report for Period Ending:	AUTHORITY  Grant Type and Number  Capital Fund Program Grant No:  Replacement Housing Factor Grant No: FL29R072-501-09  Date of CFFP:	mmary
366,555.00																	Original	Total		FL29R072-501-09	
							339,158.00						27,397.00				Revised <sup>2</sup>	Total Estimated Cost	☐ Revised Annual Statement (revision no: X☐ Final Performance and Evaluation Report		
							339,158.00						27,397.00				Obligated	Tot	J		
							339,158.00						12,283.00				Expended	Total Actual Cost 1		FFY of Grant Approval: 9/15/09	FFY of Grant: 2009

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

	ine 1/ 5/11/2012	Jutane "		The State of the s	Date
Date	ing Director	Signature of Public Housing Director	<b>,</b>	Signature of Executive Director Linda A. McDonnell	Signature o
Data				Amount of line 20 Related to Energy Conservation Measures	25 A
339,158.00	339,158.00	339,158.00	366,555.00	Amount of line 20 Related to Security - Hard Costs	24 A
12,283.00	27,397.00	27,397.00		Amount of line 20 Related to Security - Soft Costs	23 A
				Amount of line 20 Related to Section 504 Activities	22 A
				Amount of line 20 Related to LBP Activities	21 A
351,441.00	366,555.00	366,555.00	366,555.00	Amount of Annual Grant:: (sum of lines 2 - 19)	20 A
				1502 Contingency (may not exceed 8% of line 20)	19 1:
			•	9000 Collateralization or Debt Service paid Via System of Direct Payment	18ba 90
				1501 Collateralization or Debt Service paid by the PHA	18a 15
Expended	Obligated	Revised <sup>2</sup>	Original	SHIIIIIAI Y DY DEVELOPMENT ASSESSMENT	Line
Total Actual Cost		Total Estimated Cost	To	mmary hy Develonment Account	.S
	X Final Performance and Evaluation Report	X   Final		Performance and Evaluation Report for Period Ending:	Parforms
	Revised Annual Statement (revision no:	Revised	ncies	Original Annual Statement Reserve for Disasters/Emergencies	Original /
		]			Type of Grant
					AUTHORITY
	FFY of Grant Approvat: 712507				DELAND
	FFY of Grant:2009	FFY		$\dashv$	Part I: Summary
					,

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 08/31/2011

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PHA Name:		Grant Ty Capital Fu CFFP (Ye Replacem	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	ant No:		Federal F	Federal FFY of Grant:		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	<sup>7</sup> ork	Development Account No.	Quantity	Total Estima	Estimated Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

Expires 08/31/2011

Part III: Implementation Schedule for Capital Fund Financing Program	dule for Capital Fund	Financing Program			
PHA Name: DELAND HOUSING AUTHORITY	SING AUTHORITY				Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Funds (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates 1
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
FL29	9/14/11	9/14/13			
					The second secon
					And the state of t

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

	· · · · · · · · · · · · · · · · · · ·				
PHA Name:	cunic tot Capitai Futiu	Chancing 1105, and			Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Funds (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Expires 4/30/2011

17 1499 Development Activities '	16 1495.1 Relocation Costs	15 1492 Moving to Work Demonstration	14 1485 Demolition	13 1475 Non-dwelling Equipment	12 1470 Non-dwelling Structures	11 1465.1 Dwelling Equipment—Nonexpendable	10 1460 Dwelling Structures	9 1450 Site Improvement	8 1440 Site Acquisition	7 1430 Fees and Costs	6 1415 Liquidated Damages	5   1411 Audit	4 1410 Administration (may not exceed 10% of line 21)	3 1408 Management Improvements	2 1406 Operations (may not exceed 20% of line 21) 3	1 Total non-CFP Funds	Line Summary by Development Account	Performance and Evaluation Report for relived currents	Type of Grant    Reserve for Disasters/Emergencies   Original Annual Statement   Reserve for Disasters/Emergencies   1261/2010	AUTHORITY  Grant Type and Number  Capital Fund Program Grant No: FL29S072501-09 (ARRA)  Replacement Housing Factor Grant No:  Date of CFFP:	
418,934.00													46,548.00				Original	Total Estimated Cost	×	)1-09 (ARRA)	
							330,334.00	00 103 235		62,340.00	22000		40,048.00	.00	8		Revised	nated Cost	nual Statemen Performance at		
							20030	356 594 00		C+10.00	62 340 00		10,0 10100	46 548 00	00		Congana				22
								356,594.00			62,340.00			46,548.00	.00			Expended	Total Actual Cost		FFY of Grant: 2009 FFY of Grant Approval: 2009

To be completed for the Performance and Evaluation Report.

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

PHAs with under 250 units in management may use 100% of CFP Grants for operations.

RHF funds shall be included here.

Part I: Summary	┥`			FFV of Crant 2009	
DELAND HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: (ARRA) Replacement Housing Factor Grant No: Date of CFFP:		- F	FFY of Grant Approval: 2009	
Type of Grant					
Original Annual Statement	ual Statement Reserve for Disasters/Emergencies	Rencies		Revised Annual Statement (revision no: 01	¥ )
Performance	Performance and Evaluation Report for Period Ending: 12/31/2010			☐ Final Performance and Evaluation Report	leport
Line Summ	Summary by Development Account	T	Total Estimated Cost	To	Total Actual Cost 1
		Original	Revised 2	Obligated	
18a 1501 C	1501 Collateralization or Debt Service paid by the PHA				
) 0006 sq.81	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19 1502 (	1502 Contingency (may not exceed 8% of line 20)				
20 Amou	Amount of Annual Grant: (sum of lines 2 - 19)	465,482.00	465,482.00	465,482.00	465,482.00
21 Amou	Amount of line 20 Related to LBP Activities				
22 Amou	Amount of line 20 Related to Section 504 Activities				-
23 Amou	Amount of line 20 Related to Security - Soft Costs	40,000.00	46,548.00	46,548.00	46,548.00
24 Аглон	Amount of line 20 Related to Security - Hard Costs	425,482.00	418,934.00	418,934.00	418,934.00
25 Amov	Amount of line 20 Related to Energy Conservation Measures				
Signature of E	Stephente of Executive Director	Date 03/01/2011	Signature of Public Housing Director	ng Director	
\		-		J	

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

RHF funds shall be included here.

Part II: Supporting Pages PHA Name: DELAND HOUSING AUTHORITY		Grant Type and Capital Fund Prog CFFP (Yes/No): Replacement Hou	Grant Type and Number Capital Fund Program Grant No: FL29S072501-09 (ARRA) CFFP (Yes/ No): Replacement Housing Factor Grant No:	FL29S072501- int No:	09 (ARRA)	Federal FI	Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide	General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated	d Cost	Total Actual Cost	ost	Status of Work
					Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
FL072000002	Administration		1410		46,548.00	46,548.00	46,548.00	46,548.00	Under Const
FL072000002	Development Fees		1430		.00	62,340.00	62,340.00	62,340.00	Under Const
FL072000002	Dwelling Structures		1460		.00	356,594.00	356,594.00	356,594.00	Under Const
FL072000002	Development Activities		1499		418,934.00				
	Replacement of Dwelling Structures- Family units-formerly Oakland Terr.	res- err.							
-		,		•					

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

								***************************************	
Part II: Supporting Pages PHA Name: DELAND HOUSING AUTHORITY		Grant Type Capital Fun	Grant Type and Number Capital Fund Program Grant No: FL29S072501-09 (ARRA)	FL29S072501-	09 (ARRA)	Federal FI	Federal FFY of Grant: 2009	9	
		CFFP (Yes/ No): Replacement Hou	CFFP (Yes/ No): Replacement Housing Factor Grant No:	nt No:					
Development Number Name/PHA-Wide	General Description of Major Work Categories		Development Account No.	Quantity	Total Estimatec	ted Cost	Total Actual Cost	ost	Status of Work
Acharies					Original	Revised 1	Funds Ohliogred <sup>2</sup>	Funds Expended <sup>2</sup>	
FL072000002	Architects		1430			10,306.00	10,306.00	10,306.00	Under Const
FL072000002	Environmental		1430			6,900.00	6,900.00	6,900.00	Under Const
FL072000002	Permits and Impact		1430			23,911.00	23,911.00	23,911.00	Under Const
FL072000002	Legal		1430			10,718.00	10,718.00	10,718.00	Under Const
FL072000002	Survey		1430			10,505.00	10,505.00	10,505.00	Under Const
FL072000002	Structures		1460			356,594.00	356,594.00	336,394.00	Under Const
FL072000002	Administration		1410			46,548.00	46,548.00	46,548.00	Under Const
	Replacement of Dwelling Structures-	-Sa						-	

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: DELAND HOUSING AUTHORITY	dule for Capital Fund I	inancing Program			Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Funds (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
FL072000002	09/30/2010		09/14/2011		

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

Part I: S	Part I: Summary				FFV of Grant: 2010
PHA Name: DI	ELAND HOUSING				FFY of Grant Approval: 2010
30110	Capital Fund Program Grant No: FL29R072-501-10 Replacement Housing Factor Grant No: FL29R072-501-10 Date of CFFP:	29R072-501-10			
Type of Grant	nnual Statement		Revised Annual Statement (revision no:	n no:	
	n Report f		Final Performance and Evaluation Report		Actual Cost I
Line	Summary by Development Account	Total Esti	Total Estimated Cost	1018	I OTAL ACTUAL COST
	CHAILIBREE	Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
w	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
00	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
Ξ	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4	363,120.00			

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

Date of	Signatui	3	35	24	23	22	21	20	19	18ba	18a	Line	T CI 101		Type of Grant	PHA Name: DELAND HOUSING AUTHORITY	Part I: Summary
Janaa M. 11 M. annuel	Signature of Executive Director Linda A. McDonnell Date 6/25/17	Millouit of time to residence of press 80	Amount of line 20 Related to Energy Conservation Measures	Amount of line 20 Related to Security - Hard Costs	Amount of line 20 Related to Security - Soft Costs	Amount of line 20 Related to Section 504 Activities	Amount of line 20 Related to LBP Activities	Amount of Annual Grant:: (sum of lines 2 - 19)	1502 Contingency (may not exceed 8% of line 20)	9000 Collateralization or Debt Service paid Via System of Direct Payment	1501 Collateralization or Debt Service paid by the PHA	Эшшагу иу леусификан хуссония	Emance and Standard Account	Description of Statement of Period Ending:	ant  Annual Statement  Reserve for Disasters/Emergencies	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL29R072-501-10 Date of CFFP:	mmary
	- W							363,120.00				Original	Tot		cies		
	Signature of Fublic Housing Different	200											<b>Total Estimated Cost</b>				
	T Smsnott and	Lia Hanging F										Revised <sup>2</sup>		Final Perfor	☐ Revised Ann	FFY of G	FFY of C
	)II ector	irector										Obligated	١.	Final Performance and Evaluation Report	] Revised Annual Statement (revision no:	FFY of Grant Approval: 2010	FFY of Grant:2010
		Date										Expended	I otal Actual Cost		<u> </u>		

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

Part II: Sunnorting Pages									
PHA Name: DELAND H	OUSING AUTHORITY	Grant Ty Capital Fu CFFP (Ye Replacem	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: FL29RO72-501-10	rant No: FL29R0	)72-501-10	Federal F	Federal FFY of Grant: 2010	<b>(</b>	
Development Number Name/PHA-Wide	General Description of Major Work Categories	Vork	Development Account No.	Quantity	Total Estima	Estimated Cost	Total Actual Cost	ost	Status of Work
Y YANT A TATAO					Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
FL072 PHA WIDE	REPLACEMENT OF ELDERLY UNITS FORMERLY KNOWN AS OAKLAND TERRACE	UNITS AND	1499		363,120.00				
	SUBTOTAL 1499 ACCT.				363,120.00				
					262 120 00				
	GRAND TOTAL				000				

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

											Activities	Development Number Name/PHA-Wide			PHA Nalle:	Part II: Supporting Pages
					The state of the s							General Description of Major Work Categories			-	
												Vork		Replaceme	Capital Fur	Grant Tyn
												Development Account No.		Replacement Housing Factor Grant No:	Capital Fund Program Grant No:	ne and Number
					i							Quantity		ant No:	••	
										Original		Total Estimated Cost				
										Revised '		ted Cost				Federal
										Funds Obligated <sup>2</sup>	1	Total Actual Cost	7-11			Federal FFY of Grant:
+										Funds Expended <sup>2</sup>	1	Cost				
									:			Status of work	Status of Work			

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: DELAND HOUSING AUTHORITY	dule for Capital Fund	Financing Program			Federal FFY of Grant: 2010
			A 11 Fam. J.	Emanded	Reasons for Revised Target Dates
Development Number Name/PHA-Wide	All Fund (Quarter F	All Fund Obligated (Quarter Ending Date)	All Funds (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates '
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
FL072 PHA WIDE	7/14/12	7/14/14			

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name:	dule for Capital Fund I	Financing Program			Federal FFY of Grant:
Development Number Name/PHA-Wide	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Funds (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates 1
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
			The state of the s		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report Capital Fund Financing Program Capital Fund Program, Capital Fund Program Replacement Housing Factor and

Part	Part I: Summary				
PHA Name: D AUTHORITY	PHA Name: DELAND HOUSING  AUTHORITY  Grant Type and Number  Capital Fund Program Grant No:  Replacement Housing Factor Grant No: FL29R072-501-11  Date of CFFP:	FL29R072-501-11			FFY of Grant: 2011 FFY of Grant Approval: 2011
Type of Grant	e of Grant Orioinal Annual Statement Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:	ision no: )	
	Report f		Final Performance and Evaluation Report		
Line	Summary by Development Account		Total Estimated Cost	To	Total Actual Cost 1
	A CONTRACTOR OF THE CONTRACTOR	Original	Revised <sup>2</sup>	Obligated	Expended
ы	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3			,	
ω	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
00	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
=	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4	284,537.00			

To be completed for the Performance and Evaluation Report.
 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

Part II: Supporting Pages			J #1			Federal FI	Federal FFY of Grant: 2011		
PHA Name: DELAND HOUSING AUTHORITY		apital Fu FFP (Ye)	Crant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:FL29RO72-501-11	ant No:FL29RO	72-501-11				
Development Number Name/PHA-Wide	General Description of Major Work Categories	ork	Development Account No.	Quantity	Total Estima	Estimated Cost	Total Actual Cost	Cost	Status of Work
Activities					Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
F1072 PHA WIDE	REPLACEMENT OF ELDERLY UNITS	NITS	1499			284,537.00	0.00	0.00	Waiting on HUD to Release
	TERRACE								

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

nt III. Ilamontation Scho	dula far Canital Kund	Tinancina Program			
PHA Name: DELAND HOUSING AUTHORITY	SING AUTHORITY	- mancing a 108 ann			Federal FFY of Grant: 2011
Development Number Name/PHA-Wide	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Funds (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
FL0/2-PHA WIDE	8-02-13	0-02-13			
1.000					
					and the state of t

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: DELAND HOUSING AUTHORITY	dule for Capital Fund SING AUTHORITY	Financing Program			Federal FFY of Grant:
Development Number Name/PHA-Wide	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Funds (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates 1
Activities	Original Obligation End	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
F1072 PHA WIDE	8/2/13	8/2/15			

1 Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

Part I: Summary	ummarv				
PHA Name: Di AUTHORITY	PHA Name: DELAND HOUSING  AUTHORITY  Grant Type and Number  Capital Fund Program Grant No: Fl.29R07250112  Replacement Housing Factor Grant No:  Date of CFFP: 3-12-12	7250112			FFY of Grant Approval: 2012
Type of Grant X Original A	nnual Statement [		☐ Revised Annual Statement (revision no:	(revision no: luation Report	
L Perior	remormance and Evaluation report to I calou Enums.	Tot	Total Estimated Cost		Total Actual Cost 1
Line	Summary by Development Account	Original	Revised <sup>2</sup>	Obligated	Expended
-	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3				
ω.	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit		-		
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition	•			
9	1450 Site Improvement				
10	1460 Dwelling Structures	-			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities *	258,466.00			

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

Amount of line 20 Related to Energy Conservation Measures	Amount of line 20 Related to Security - Hard Costs	Amount of line 20 Related to Security - Soft Costs	Amount of line 20 Related to Section 504 Activities	Amount of line 20 Related to LBP Activities	Amount of Annual Grant:: (sum of lines 2 - 19) 258,466.00	1502 Contingency (may not exceed 8% of line 20)	9000 Collateralization or Debt Service paid Via System of Direct Payment	1501 Collateralization or Debt Service paid by the PHA	Original Revise			Type of Grant  Conginal Annual Statement  Congress of Grant  Congress	Part I: Summary  PHA Name: DELAND HOUSING AUTHORITY  Grant Type and Number Capital Fund Program Grant No: FL29R07250112 Replacement Housing Factor Grant No: Date of CFFP: 3-12-12
					258,466.00		ect			Total Estimated Cost	☐ Final Performan		
									Obligated		e and Evaluation Report	l Statement (revision no:	FFY of Grant: 2012 FFY of Grant Approval: 2012
	Amount of line 20 Related to Energy Conservation Measures			Measures	Atvities  Costs  Costs  1 Costs  vation Measures	19)   258,466.00	19) 258,466.00	258,466.00	258,466.00	paid by the PHA         Original         Revised 2         Obligated           paid by the PHA         4         Conservation Measures         Obligated	Total Estimated Cost Original Revised? Obligated HA  tem of Direct  258,466.00  258,466.00  Neasures	Report for Period Ending:         Total Estimated Cost         Final Performance and Evaluation Report           nent Account         Total Estimated Cost         Total Performance and Evaluation Report           r Debt Service paid by the PHA         Original         Revised?         Obligated         Obligated           Payment         Payment         Int: (sum of line 20)         Int: (sum of lines 2 - 19)         258,466.00         Int: (sum of lines 2 - 19)         258,466.00         Int: (sum of lines 2 - 19)         258,466.00         Int: (sum of lines 2 - 19)         Int: (sum o	al Annual Statement    Reserve for Disasters/Emergencies   Revised Annual Statement (revision no:   Real Evaluation Report for Period Ending:   Total Estimated Cost   Final Performance and Evaluation Report

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

	Supporting Pages ame: DELAND HOUSING AUTHORITY  In a count Number pment Number  PHA-Wide  ES  General Description of Major Work Categories  General Description of Major Work HA-Wide  General Description of Major Work Categories  Categories  Replacement Housing Factor Grant No:  Percount No.  Quantity Account No.  REPLACEMENT OF ELDERLY UNITS  FOR MERITY KNOWN AS OAKLAND
	ype and Number 'und Program Grant No: FL29R07 'es/ No): nent Housing Factor Grant No: Development Account No.  1499
258,466.00 258,466.00	otal Estimate
	Federal F ed Cost Revised 1
	Federal FFY of Grant: 2012  Cost Total Actual Cost  vised 1 Funds Obligated 2 E
	Cost Funds Expended <sup>2</sup>
	Status of Work

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 08/31/2011

Part II: Supporting Pages PHA Name: DELAND HOUSING AUTHORITY		Frant Typ Apital Fu FFP (Yes Replaceme	Grant Type and Number Capital Fund Program Grant No: FL29R072-501-12 CFFP (Yes/No): Replacement Housing Factor Grant No:	FL29R072-501 ant No:	-12	Federal F	Rederal FFY of Grant: 2012	2	
Development Number Name/PHA-Wide	General Description of Major Work Categories	ork	Development Account No.	Quantity	Total Estimated Cost	d Cost	Total Actual Cost	ost	Status of Work
Activities					Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
			-						
	•								

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: DELAND HOUSING AUTHORITY	edule for Capital Fund	Financing Program			Federal FFY of Grant: 2012
Development Number Name/PHA-Wide	All Fund (Quarter F	All Fund Obligated (Quarter Ending Date)	All Funds (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates 1
AMINITOS	Original Obligation End	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
	Date				
FL072 PHA WIDE	3-14-12	3-14-14			

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.